

Registration Deadline for Golfers: **May 1, 2011**

Registration Deadline for Sponsorships: **March 1, 2011**

For additional information on any sponsorships or donations, please contact Lori Simerman at **480-231-5801** or **lori_cc@yahoo.com**

Sponsorship Opportunities

- Registration Sponsor
- Lunch Sponsor
- Beverage Sponsor
- Bag Sponsor
- Hole Sponsor
- Foursome (\$1,000, breakfast/lunch included)
- Single Golfer (\$250, breakfast/lunch included)

**2011 Golf Tournament
REGISTRATION FORM**

Return by fax to: **480-858-1802**
 Return by email to: **robin@saminc.org**
 Return by mail to: **Christopher's Cure**
7225 W. Oakland St., Suite 1
Chandler, AZ 85226

Sponsorship Levels			
<p>Registration/Breakfast Sponsor: \$2,500 Includes registration/breakfast signage, a team of four golfers, and luncheon recognition.</p>	<p>Lunch Sponsor: \$2,500 Includes lunch signage, a team of four golfers, and luncheon recognition.</p>	<p>Beverage Sponsor: \$2,000 You provide water/Gatorade, includes one team of four golfers. Signage at beverage stations, and luncheon recognition.</p>	<p>Bag Sponsor: \$1,500 You provide bags for cart goodies and can insert any marketing material you wish, includes one team of four golfers, and luncheon recognition.</p>
<p>Hole Sponsor: \$1,250 (18 available) Includes hole signage, a team of four golfers, and luncheon recognition.</p>	<p>Hole Prizes: Donate any prizes, memorabilia, baskets to our growing silent auction!</p>	<p>Gift of Cure: For non-golfers, cash contributions will go directly to help families in need. Scoreboard recognition.</p>	

Please register  golfers for the Christopher's Cure Golf Tournament in the following names:

Name	Company	Phone	Email
_____	_____	_____	_____
(Team Contact)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hole Prize / Silent Auction Donation

Item Description: _____

Estimated Retail Value: _____

Gift of Cure Donation

I am unable to participate or provide hole prizes, but would like to make a contribution in the amount of: _____

I would like to make this donation in memory/tribute to: _____

Payment Information

Check

Credit Card: ___Visa ___MasterCard ___AMEX

Credit Card # _____ Sec. Code _____

Name on Card: _____

Billing Address: _____

All credit card information will be used solely for this event and not stored. All registration forms will be properly destroyed following registration of your team.